



## LAW UPDATE 2021

OKLAHOMA STATE BOARD OF PHARMACY  
2920 N LINCOLN BLVD STE A  
OKLAHOMA CITY, OK 73105  
405-521-3815  
pharmacy@pharmacy.ok.gov

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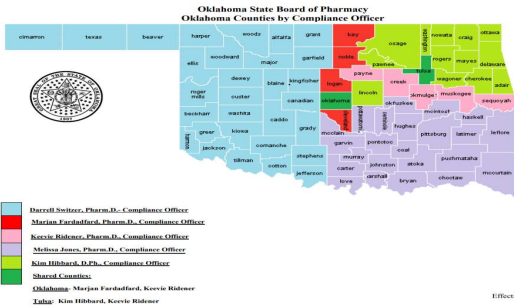
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## COUNTY MAP



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## PRECEPTOR

- INTERN CAN ONLY WORK WITH A PRECEPTOR 1:1 EXCEPT FACULTY
  - COVID WAIVER ENDED
- PRACTICE SITE MUST BE A LICENSED "TRAINING AREA"
- "PRECEPTORS INTERN PROGRESS REPORT" TO THE BOARD FOR EVERY 240 HOURS OR UPON TERMINATION OF THE INTERN.
  - <https://www.ok.gov/pharmacy/documents/internpr.pdf>
  - FOR NON-EXPERIENTAL HOURS ONLY



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### INTERN

- SHALL NOTIFY THE BOARD OF PHARMACY IN WRITING OF THE PLACE OF EMPLOYMENT (NON-EXPERIENTIAL) WITHIN 10 DAYS OF GOING TO WORK/OR TERMINATION.
- MUST IDENTIFY THEMSELVES ON THE PHONE
- MUST WEAR IDENTIFICATION TAG- "INTERN"
- MUST HAVE INTERN LICENSE WITH THEM OR DISPLAYED AT ALL TIMES
  - CAN REQUEST DUPLICATE



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### OBND: MULTIPLE ISSUANCE OF SCHEDULE 2 PRESCRIPTIONS

- MAY ISSUE UP TO 3 PRESCRIPTIONS OF SAME MEDICATION ON SAME DAY
- NOT TO EXCEED TOTAL OF 90 DAY SUPPLY
- 2<sup>ND</sup> AND 3<sup>RD</sup> PRESCRIPTION MUST HAVE "DO NOT FILL UNTIL" OR "EARLIEST FILL DATE" ON PRESCRIPTION
- CANNOT ALTER WRITTEN DATE
- SOFTWARE MUST SUPPORT RULES
- [http://www.oar.state.ok.us/viewhtml/475\\_30-1-11.htm](http://www.oar.state.ok.us/viewhtml/475_30-1-11.htm)



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### OBND: C2 EXPIRATIONS

- IF A "DO NOT FILL DATE" IS PRESENT ON ANY C2 PRESCRIPTION THEN  
THE PRESCRIPTION NOW EXPIRES 30 DAYS AFTER THAT DATE
- DAY 1 BEING THE FIRST DAY AFTER THE "DO NOT FILL DATE"
- [http://www.oar.state.ok.us/viewhtml/475\\_30-1-4.htm](http://www.oar.state.ok.us/viewhtml/475_30-1-4.htm)



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### OBNDD: PARTIAL FILLING OF SCHEDULE 2

- PATIENT REQUESTED OR PRACTITIONER REQUESTED
- CAN FILL ANY AMOUNT UP TO QTY WRITTEN
  - IF PATIENT REQUESTS REMAINING PORTION MUST BE FILLED BEFORE 30 DAY EXPIRATION AND CANNOT EXCEED TOTAL QTY WRITTEN
- SUPPORTED BY SOFTWARE
  - CANNOT BE REASSIGNED DIFFERENT RX NUMBER OR ACT AS REFILL
- DOES NOT APPLY TO PARTIAL (OUT OF STOCK) SUPPLY
  - MUST STILL BE FILLED WITHIN 72 HOURS
- [http://www.oar.state.ok.us/viewhtml/475\\_30-1-7.htm](http://www.oar.state.ok.us/viewhtml/475_30-1-7.htm)



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### OSBP: REFILLS FOR PATIENT SAFETY

- A FORMULARY HAS BEEN CREATED TO ALLOW PHARMACISTS/PHARMACIES TO REFILL CERTAIN PRESCRIPTION MEDICATIONS AND DEVICES TO PREVENT DEATH OR HARM
  - FOR LIST OF MEDS INCLUDED ON THE FORMULARY SEE OAC 535:15-3-11 (e)
- MUST HAVE CURRENT RECORD ON FILE UNDER THE NAME OF PERSON REQUESTING
- NO CDS
- ATTEMPT TO CONTACT PRESCRIBER/DOCUMENT ATTEMPT ON FORM PROVIDED BY STATE BOARD
  - <https://www.ok.gov/pharmacy/documents/Attempt%20Sheet.pdf>



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### OSBP: REFRIGERATOR/FREEZER TEMPS

- TEMPERATURES MUST BE LOGGED TWICE DAILY (AM/PM) OR HAVE CONTINUOUS MONITORING
- APPLICABLE ON DAYS THE PHARMACY IS OPEN FOR BUSINESS
- MUST DOCUMENT ON LOG CORRECTIVE MEASURES FOR EXCURSIONS
- OAC 535:15-3-22(a)-(e)



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## FDA: OTC COMPOUNDING

- MUST BE SOLD AND DISPENSED AS A PATIENT-SPECIFIC PRESCRIPTION ONLY
- TITLE 21 USC 353A
- AS A RESULT OF THIS REQUIREMENT: OSBP WILL BE REMOVING OAC 535:15-10-11 FROM THE RULES



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## DEA: NEW 222 FORMS

- OLD TRIPLICATE CANNOT BE USED AFTER OCTOBER 30, 2021
  - CAN SHRED OR MAIL TO DEA 901 NE 122<sup>ND</sup>, OKC 73114
- NEW SINGLE FORM-
  - NO LONGER MAIL TO DEA
  - SCAN AND EMAIL TO ADDRESS ON THE BACK OF THE FORM
- IF USING CSOS- MUST ACKNOWLEDGE RECEIPT OF ORDER TO FINALIZE



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MAKE A  
COPY!!!!

## DEA: NEW 222 FORMS

DEA FORM-222

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II  
DRUG ENFORCEMENT ADMINISTRATION

OMB APPROVAL NO. 1117-0010

PURCHASER INFORMATION				REGISTRATION INFORMATION				SUPPLIER DEA NUMBER#			
PART 1: TO BE FILLED IN BY PURCHASER First or Type Name and Title _____ Signature of Prescribing Official (must be authorized to sign order form) _____ Date _____				REGISTRATION # _____ REGISTERED AS: _____ SCHEDULE: _____ ORDER FORM NUMBER: _____ DATE ISSUED: _____				PART 2: TO BE FILLED IN BY PURCHASER BUSINESS NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP CODE _____			
				PART 3: TO BE FILLED IN BY PURCHASER ALTERNATE DEA # _____ Signature: by first supplier _____ Date _____				PART 4: TO BE FILLED IN BY SUPPLIER NATIONAL DRUG CODE _____ NUMBER SHIPPED _____ DATE SHIPPED _____			
PART 5: TO BE FILLED IN BY PURCHASER Signature: by first supplier _____ Date _____				PART 6: TO BE FILLED IN BY PURCHASER Signature: by first supplier _____ Date _____				PART 7: TO BE FILLED IN BY PURCHASER Signature: by first supplier _____ Date _____			
ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	NUMBER SHIPPED	DATE SHIPPED				
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2											
3											
4											

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SUPPLIER:  
SCANS AND  
SENDS TO DEA

## DEA: NEW 222 FORMS

DEA FORM-222
U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II  
DRUG ENFORCEMENT ADMINISTRATION
OMB APPROVAL No. 1117-0010

<b>PURCHASER INFORMATION</b>  REGISTRATION #: REGISTERED AS:  SCHEDULE#: ORDER FORM NUMBER: DATE ISSUED:	<b>REGISTRATION INFORMATION</b>  REGISTRATION #: REGISTERED AS:  SCHEDULE#: ORDER FORM NUMBER: DATE ISSUED:	<b>SUPPLIER DEA NUMBER #</b> <div style="border: 1px solid black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> <b>PART 2: TO BE FILLED IN BY PURCHASER</b> BUSINESS NAME: STREET ADDRESS: CITY, STATE, ZIP CODE:	<b>PART 3: ALTERNATE SUPPLIER IDENTIFICATION</b> (to be filled in by the supplier) ALTERNATE DEA #: Signature - by first supplier: <div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 5px;"></div>																																																
<b>PART 1: TO BE FILLED IN BY PURCHASER</b> (Print or Type Name and Title) Signature of Requesting Official (must be authorized to sign order form) _____ Date _____		<b>PART 4: TO BE FILLED IN BY SUPPLIER</b> NATIONAL DRUG CODE: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>ITEM</th> <th>NO. OF PACKAGES</th> <th>PACKAGE SIZE</th> <th>NAME OF ITEM</th> <th>NUMBER REQ'D</th> <th>DATE REQ'D</th> <th>NUMBER SHIPPED</th> <th>DATE SHIPPED</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REQ'D	DATE REQ'D	NUMBER SHIPPED	DATE SHIPPED	1								2								3								4								5							
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### OSBP: REPORTING OF ROBBERIES/THEFT

- MUST NOTIFY AND SEND 106 FORM INDIVIDUALLY TO OSBP, OBND, AND DEA
- NOTICE MUST BE IN WRITING AND INCLUDES INITIAL NOTIFICATION TO OSBP WITHIN 1 DAY OF DISCOVERY
- OSBP, Oklahoma State Board of Pharmacy 2920 N. Lincoln Blvd, Ste A  
Oklahoma City, OK 73105
- OBND, Oklahoma Bureau of Narcotics  
419 NE 38th Terr Oklahoma City, OK 73105
- DEA
  - [https://www.deadiversion.usdoj.gov/21cfr\\_reports/theft/index.html](https://www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html)

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### OSBP: REPORTING OF ROBBERIES/THEFT

- THEFT OR ANY VIOLATION OF THE OK CONTROLLED SUBSTANCE ACT  
BY ANY REGISTRANT MUST BE REPORTED TO OSBP

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### ACUTE VS CHRONIC: IMMEDIATE RELEASE OPIOIDS

- MUST STATE ACUTE OR CHRONIC ON THE PRESCRIPTION
- ACUTE: LIMITED TO 7 DAY SUPPLY PER PRESCRIPTION
  - EXCLUSION: DOES NOT APPLY TO PATIENTS RECEIVING ACTIVE TREATMENT OF CANCER, HOSPICE, PALLIATIVE CARE, OR RESIDENTS OF A LONG-TERM CARE FACILITY, SUBSTANCE ABUSE, OR OPIOID DEPENDENCE 63 O.S. §2-309I(G)
- PATIENT/PROVIDER AGREEMENT UPON 3<sup>RD</sup> PRESCRIPTION
- CHRONIC- IF CONTINUING TREATMENT FOR 3 MONTHS OR MORE



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### IMMEDIATE RELEASE OPIOID:EMERGENCY

- MAJOR SURGICAL PROCEDURE OR CONFINED TO HOME STATUS
- 2<sup>ND</sup> SUBSEQUENT 7 DAY PRESCRIPTION MUST BE ISSUED ON SAME DAY AS INITIAL
- "DO NOT FILL" DATE MUST BE PRESENT
- MUST BE FILLED WITHIN 5 DAYS OF THE "DO NOT FILL" DATE



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### MID-LEVEL PRACTITIONERS

- SUPERVISING PHYSICIAN'S NAME MUST BE ON ALL CONTROLLED AND NON-CONTROLLED PRESCRIPTIONS FOR ALL OKLAHOMA LICENSED PHYSICIAN ASSISTANTS AND ADVANCE PRACTICE NURSES
- TO FILL A CONTROLLED PRESCRIPTION FROM AN OUT OF STATE MID-LEVEL PRACTITIONER THEY MUST BE LICENSED IN OKLAHOMA AND HAVE AN OKLAHOMA LICENSED SUPERVISING PHYSICIAN
- NON-CONTROL PRESCRIPTIONS CAN BE FILLED FROM OUT OF STATE MID-LEVELS



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### MID-LEVEL PRACTITIONERS

- Oklahoma Board of Nursing requires all prescriptions written by APRN's to have the Supervising Physician listed on the prescription
  - **485:10-16-8. Information which must be included on the prescription**
    - (b) All prescriptions will include the following information:
      - (2) Name of physician supervising prescriptive authority.
- The Oklahoma Board of Medical Licensure and Supervision requires all prescriptions written by PA's to have the Supervising Physician listed on the prescription
  - **435:15-11-1. Prescriptive and dispensing authority**
    - (f) A prescription issued by a physician assistant, whether written or oral, shall be the joint responsibility of the physician assistant and supervising physician. The supervising physician shall be responsible for the formulation and/or approval of all orders and protocols which allow the physician assistant to issue prescriptions. Questions concerning a prescription may be directed either to the supervising physician whose name shall appear on the prescription or to the physician assistant.



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### VETERINARIANS: IDENTIFIERS

- NO NPI NUMBERS
- DEA NUMBERS RESERVED FOR CONTROLLED SUBSTANCES
  - DEA DOES NOT WANT PHARMACY TO ASK FOR DEA # ON NON-CDS PRESCRIPTION
- STATE LICENSE NUMBER SHOULD BE ACCEPTED FOR NON-CONTROLS
- WORK WITH SOFTWARE TO COMPLY



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### OSBP: CDS ANNUAL INVENTORY

- MUST BE DONE BETWEEN MAY 1<sup>ST</sup>-JUNE 30<sup>TH</sup>
- PLEASE INCLUDE
  - OUTDATED CDS- AWAITING REVERSE DESTRUCTION
  - BULK CDS USED FOR COMPOUNDING
  - FRIDGE CDS MEDS
  - PSE
  - CDS IF IN CRASH CARTS
  - DEA REQUIRES A PAGE BREAK BETWEEN C2'S AND C3-C5'S
  - MAKE A COPY



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### COUNSELING

- SHALL BE PERFORMED UPON RECEIPT OF NEW PRESCRIPTION DRUG ORDER AND FOLLOWING REVIEW OF PATIENT'S RECORD
- NOT REQUIRED ON REFILLS- UNLESS PHARMACIST DEEMS APPROPRIATE
- NOT REQUIRED IF PATIENT/CAREGIVER REFUSES
- IF SHIPPING/DELIVERING- MUST BE AVAILABLE BY PHONE
- OAC 535:10-9-2
- ❖ PLEASE CONSIDER TRAINING OF STAFF TO ASK OPEN ENDED QUESTIONS



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### COMMUNICATION

- SIGN UP FOR EMAIL BLAST
  - [Home](#) / [News](#) / [Events](#) / Announcements
  - [https://public.govdelivery.com/accounts/OKSBP/subscriber/new?topic\\_id=OKSBP\\_3](https://public.govdelivery.com/accounts/OKSBP/subscriber/new?topic_id=OKSBP_3)
- SIGN UP FOR NEWSLETTERS
  - VISIT <https://nabp.pharmacy/boards-of-pharmacy/oklahoma> and click the "Subscribe to the Oklahoma State Board of Pharmacy Newsletter Email Alert" link, then complete the sign-up box.



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### QUESTIONS

- CONTACT INFORMATION:

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kridener@pharmacy.ok.gov



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